

Application

STEP 1 - Complete Application

Preceptee Information

Name _____
 Address _____

 Email _____
 Phone _____
 Fax _____

ASLMS Member

Resident

Fellow

Preceptorship Details

Preceptorships must be a minimum of one week.

Start Date _____
 End Date _____
 Location _____
 Type of Procedure(s) _____

Budget Request

Funding available to each preceptee will be determined by their estimated expenses. A minimum of \$100 must be requested. Up to \$1,000 in U.S. funds is the maximum amount of reimbursement available.

Transportation \$ _____
 Lodging \$ _____
 Meal(s) \$ _____
 Other* \$ _____
 Total Request in U.S. Dollars \$ _____

*Explanation

Preceptor Information

Name _____
 Address _____

 Email _____
 Phone _____
 Fax _____

SAVE NOW

STEP 2 - Send to Preceptor for signature

Applications submitted without preceptor signature will automatically be rejected.

Preceptor Signature

STEP 3 - Submit to ASLMS

Required Attachments

- Current Curriculum Vitae.
- Essay outlining career, educational goals and how the preceptorship will impact your future or current practice of using lasers and other related technologies in medical and/or surgical applications.
- Residents must include a letter of support on official letterhead from their program director or chief of service.
- Signed and dated Preceptee Release Form (attached).

Application Submission

Email: information@aslms.org

Phone: (715) 845-9283

Fax: (715) 848-2493

Mail: Attention: Preceptorship Program, ASLMS, 2100 Stewart Avenue, Suite 240, Wausau, WI 54401